

Debt Acquisition Company of America V, LLC
1565 Hotel Circle South, Suite 310
San Diego, CA 92108
Ph. 619-220-8900/ Fax 619-220-8112

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW MEXICO

In re:

OTERO COUNTY HOSPITAL ASSOCIATION, INC.
(d/b/a Gerald Champion Regional Medical Center)

Debtors.

) CHAPTER 11

) Case No. 11-13686 (RHJ)

) NOTICE OF TRANSFER OF CLAIM
) OTHER THAN FOR SECURITY AND
) WAIVER OF NOTICE

) Bankruptcy Rule 3001(e)(1)

PLEASE TAKE NOTICE that the scheduled claim of **HEALTHMARK INDUSTRIES** ("Transferor") against the Debtor in the amount of **\$700.86**, as listed within Schedule F of the Schedules of Assets and Liabilities filed by the Debtor, and all other claims of Transferor have been transferred and assigned other than for security to Debt Acquisition Company of America V, LLC ("DACA"). The signature of the Transferor on this document is evidence of the transfer of the claims and all rights there under. Transferor hereby agrees to waive notice as described by Bankruptcy Rule 3001(e)(1).

I, the undersigned Transferor of the above-described claims, hereby assign and transfer my claims and all rights there under to DACA upon terms as set forth herein and in the offer letter received. I represent and warrant that the claim is not less than **\$700.86** and has not been previously objected to, sold, or satisfied. Upon notification by DACA, I agree to reimburse DACA a portion of the purchase price if the claim is reduced, objected to, or disallowed in whole or in part by the Debtor. Such reimbursement would be calculated as follows: dollar amount of claim reduction multiplied by the purchase rate. Other than as stated above, DACA assumes all risks associated with the debtor's ability to distribute funds. I agree to deliver to DACA any correspondence or payments received subsequent to the date of this agreement and authorize DACA to take the steps necessary to transfer this claim and all claims we hold against the above debtor into their name. The clerk of the court is authorized to change the address regarding the claim of the Transferor to that of the Transferee listed below.

TRANSFEROR:**HEALTHMARK INDUSTRIES**

33671 DOREKA DRIVE FRASER MI 48026

Print Name Annie Boroway Title A/R SupervisorSignature Annie Boroway Date 9-29-11

Updated Address if needed) _____

Phone 800 521 6224 Fax 586 491 2112 E-Mail annie@healthmark.infoFederal Tax Identification / Social Security Number: 38-2073977TRANSFeree:**Debt Acquisition Company of America V, LLC**

1565 Hotel Circle South, Suite 310, San Diego, CA 92108

Signature: _____

Andrew Whatnall
Andrew WhatnallMail Ref# -175
3001082